

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA**

**ELECTRONIC FILING SYSTEM
REQUEST FOR WAIVER OF TRAINING**

This form shall be used to request a waiver of training in order to obtain an account on the court's electronic filing system.

First/Middle/Last Name: _____

Firm or Business Name: _____

Address: _____

City, State, ZIP Code: _____

Phone Number: () _____ E-mail Address: _____

State Bar ID Number (if applicable): _____ Licensing State (if applicable): _____

1. A waiver of the required electronic filing system training is requested on the following basis:
 - a. My firm/business is located in _____ and training sessions are not easily accessible.
 - b. Additionally, I am familiar with electronic filing concepts and been have been trained to use other bankruptcy court electronic filing systems. I am currently filing documents and/or bankruptcy cases electronically in the district(s) of _____.
2. I have read and understand the Local Rules of Practice for the U. S. Bankruptcy Court, Eastern District of California, and General Order 04-01, Amended and Restated Order Concerning Filing, Signing, and Verifying Documents by Electronic Means.
3. I have read the current electronic filing system User Guide and understand current electronic filing procedures as they relate to the documents submitted by me. I realize that these procedures are different from the electronic filing procedures followed in CM/ECF courts and understand that it is my responsibility to learn of and abide by any and all changes to General Order 04-01, system requirements and local procedures.

4. I understand that I will be expected to comply with all applicable electronic filing system requirements and procedures the same as if I had attended training. I further understand that my eligibility to use the e-filing system may be restricted or revoked if I fail to comply with any of my obligations as stated in the Electronic Filing System Registration Form and User Agreement.

I declare that the information provided above is true and correct to the best of my knowledge and belief.

Dated: _____

Signed: _____

Return this completed form with your Electronic Filing System Registration Form and User Agreement by mail, hand delivery, electronic mail, or fax to:

U.S. Bankruptcy Court
Eastern District of California
Attention: Electronic Filing System User Registration
501 I Street, Suite 3-200
Sacramento, CA 95814
Fax: (916) 930-4604
email: helpdesk-caeb@caeb.uscourts.gov